



**STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING**

121 South Fruit Street  
Concord, NH 03301

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

**Nursing** 603-271-2323

**Nursing Assistant** 603-271-6282

**ADDRESS/NAME CHANGE FORM**

**Licensees Name:** \_\_\_\_\_

**Licensees N.H. License Number:** \_\_\_\_\_

**New Legal Address:**

**New Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Email Address** (if applicable) \_\_\_\_\_

**Previous Legal Address:**

**Previous Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name on file at the N.H. Board of Nursing:**

\_\_\_\_\_

**Name change (if applicable):**

\_\_\_\_\_

This form **MUST** be signed and dated in order for these changes to be completed.

**Licensee's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form may be mailed to the address listed above or faxed to (603) 271-6605

**Please assure that this form is printed and legible. Thank you**